Classification

REPORTS INVENTORY

DDS/OL/SD-88
XXXXXXXX

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)	2. TYPE OF REPORT	X	STATISTICAL
Inventory Stratification Report			NARRATIVE
			MACHINE-NAME LISTING

3. FUNCTIONAL AREA	X	PERSONNEL		TRAINING		ADMIN. GENERAL
		LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
4	Monthly	1

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
Computer Print-Out	X YES	IF YES GIVE ADP PROCESSING NO.	
	NO	233	

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
OCS, OL/SD/SMB/GMMS	

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-11	5.72		2		11.44		4		45.76

B. COSTS OF COMPUTER PRODUCED REPORTS

					1.50		16		24.00

TOTAL COSTS PER YEAR	69.76

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

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This report is required by OL managers to determine more accurately the nature and value of the inventory contained

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
	RETAIN AS IS ☐ OTHER (explain)	MAN-HOURS	DOLLARS
X	CHANGE to AS REQUIRED		
	DISCONTINUE	6	52.32

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
5 Oct 70	AC/OL/SD/SMB/GMMS	

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FORM 142
9-70

Classification